. S. No. 2
M—8-43
v. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4510

FILED FEB 20 1947

Registration District No. 1947 Primary Registration District No. 4185 Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town St. Clair, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. No
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Nancy Ann Kraschinsky
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Chas. F. Kraschinsky
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 20, 1869 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
77	9	21	hr. min.

9. Birthplace Knob Lick, Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name William Hibbits
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Martha Jacobs
15. Birthplace Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. James A. Fountain Mrs J Fountain
(b) Address St. Clair, Mo. St Clair Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/14/47 (Month) (Day) (Year)
(c) Place: burial or cremation Laurel Hill Cemetery
18. (a) Signature of funeral director Sherwood Fitchel
(b) Address St Clair Mo
19. (a) JAN. 13-1947 (Date received local registrar) (b) E. L. Worthington (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 11 year 1947 hour 6 PM minute 50 P.M.
21. I hereby certify that I attended the deceased from April Thirteen, 1940 to Jan 11 1947 that I last saw her alive on Jan 11th 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Endomyocarditis	Six Mo.
Due to Generalized Metastatic Carcinoma Pulmonary	
Due to Gastro-intestinal	1 year
Other conditions Senility	

(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature C. F. Briegel M.D. (M.D. or other)
Address St Clair Mo Date signed Jan 12/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No.
District File Number 3-14-47

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Sherwood Rutledge

Licensed Embalmer No. 3873

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.